ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS  State File No.  Registrary No.  Regi		·	
BUREAU OF VITAL STATISTICS  State File No.  PERIAL PRISE OF SCHOOL STATE  DEPARTMENT OF THE CORROLLS  (I) City or Twen  Comments  (II) Comments  (II) Comments  (III) Comments	ADIZONA OFFAT	TO BOADT OF TENATORY	in the second second
DEPARTMENT OF COMMENCE  1. Place of Death: (a) Country  (d) Longth of Stay: In Hespital or Institution  (Expectly whether resonantials of the country of the		WITHAT CHARMEONTON	103
1. Piece of Death: (a) Counts (b) (if or Town of Country)  (d) Leapth of Stay: In Heeplal or Institution  (Especially whether years, montag or days)  2. Usual Residence of Deceased: (a) State (1) (Specially whether years, montag or days)  2. Usual Residence of Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially whether years, montage of days)  (d) Street No. I Deceased: (a) State (1) (Specially No. I Deceased: (b) If towerity No. I Deceased: (b) If towerity No. I Deceased: (c) Secial Specially No. I Deceased: (c) Secial Specially No. I Deceased: (d) Secial No. I Deceased: (d) If No. No. I Deceased: (d) If No.	DEPARTMENT OF COMMERCE	Comment of the Mo	33 48
(d) Street No. / 9 L. Maller and Community (Schools) (Secret whether rears, months, or days)  2. Usual Residence of Decessed: (a) State Company (b) County (c) Otty for Town (c) Ottate (c) Otto for Town (c) Otty for Town (c) Ottate (c) Ottate (c) Otto for Town (c) Ottate		Slope (c) Tocation Sila Co. Has	geral
2. Usual Residence of Deceased: (a) State	(d) Length of Stay: In Hespital or Institution. 5 (Specific wheth	In Community 5 days: In Arizona 5	
(a) H veters  (b) H veters  (c) Steid  Scoulity No. Annual Security No. Annual Secucity No. Annual Security No. Annual Security No. Annual Securit		(b) County Sela 1 (c) City for Town	le
Secretive No. Full Name of husband or wife if alive yrr.  7. Birthdate of deceased (May) (Year)  8. AGE: Years Months Days If fees than one day husband (City, town or county) (State of Country)  10. Usual Occupation Plantess (Site or Country)  11. Industry or Basiness (City, town or county) (State or Country)  12. Name (City, town or county) (State or Country)  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name (City, town or county) (State or Country)  15. (a) Informant's own spoature (District or Country)  16. (a) Informant's own spoature (District or Country)  17. (a) Burfal, Cremation or Removal Country (City or Town) (Country)  18. (a) Embalmer's Signature (District or Country)  19. (b) Date of courtrent in industrial place, in public place?  (b) Date received local Registrary (District or Country) (State)  (City, town or county) (State)  (City of Town) (Country)  (District or Country)  (District or Missand or Country)  (District or Country)  (District or Missand or Country)  (District or Co	(d) Street No. 19 6 & misquite.		yra.
Sex   6. Color tor, Place   6. (a) Surfice, married, widowed   MEDICAL CERTIFICATION	8. (a) FULL NAME John Marin	name war Security No. 22	one_
6. (c) Name of husband or wife of husband or wife of alive yrs.  7. Birthdate of deceased May (Glooth) (Day) (Year)  8. AGE: Years Months Day If less then one day him members of the control of autopay.  9. Birthdate of deceased May (Glooth) (Day) (Year)  10. Unual Occupation May (Glooth) (Glate of Country)  11. Industry or Business  12. Name (City, town or county) (State of Country)  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name (Latendary May (City, town or county) (State or Country)  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own greature of the control of the conditions (Include pregnancy within 3 months of death)  17. (a) Burial, Gremation or Removal (Business)  18. (a) Embalmer's Stanature May (Country)  19. (a) Address (City or Town) (County) (County)  19. (a) (City or Town) (County) (State)  19. (b) May (Recistrar's Strontore)  19. (c) Maters of husband pressure of the deceased May (Country) (Country)  19. (a) (Recistrar's Strontore)  20. DATE OF DEATH (Month, day and year) (Month of alminate)  10. Under minital or with a finite of the control of the condition of the date of the country of the country of the condition of the condition of the country of the condition o	4. Sex 5. Color or Race 6. (a) Shrile, married, widowed		rite the word)
7. Birthdate of deceased. May 1 (State of Country)  8. AGE: Years Months Day 1f less than one day brs. min.  9. Birthplace Matter City, town or country) (State of Country)  10. Usual Occupation 11. Industry or Business Dust of City, town or country) (State of Country)  11. Industry or Business Dust of City, town or country) (State of Country)  12. Name Matter Matter City, town or country) (State of Country)  13. Birthplace Matter City, town or country) (State of Country)  14. Maiden Name Matter City, town or country) (State of Country)  15. Birthplace Matter City, town or country) (State of Country)  16. (a) Informant's own signature Matter City, town or country) (State of Country)  17. (a) Burial, Cremation or Removal City Matter City City of Date of Country Date of Occurrence.  (b) Funcar Director Matter City Matter City City or Town) (Country)  (c) Address Matter Matter City City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (City or Town) (Country) (State)	6. (b) Name of husband   6. (c) Age of husband		19 4/2
8. AGE: Years   Months   Days   If less than one day   19.			
that I last saw in the slive on the date and hour systed above.  9. Birthplace Willy, town or county)  10. Usual Occupation  11. Industry or Business  12. Name Will, town or county)  13. Birthplace Willy, town or county)  14. Maiden Name William William (City, town or county)  15. Birthplace Willy, town or county)  16. (a) Informant's own signature William (City, town or county)  17. (a) Burial, Cremation or Removal Buriant  (b) Funeral Director William (c) Date S 20 19 / 2  (b) Funeral Director William (c) Date S 20 19 / 2  (c) Address William William (c) William (c) William (c) Address William (c)	7. Birthdate of deceased May 15 1942 (Month) (Day) (Year)		4/3
and that death occurred on the date and hour stried above.  Immediate Cause of death.  DURATION  10. Usual Occupation  11. Industry or Business  12. Name  (City, town or county)  13. Birthplace  (City, town or county)  14. Maiden Name (City, town or county)  15. Birthplace  (City, town or county)  (City or Town)  (County)  (County)  (City or Town)  (County)  (County)  (County)  (City or Town)  (County)  (County)  (County)  (City or Town)  (County)  (	8. AGE: Years   Months   Days   If less than one day	As all the second secon	16
10. Usual Occupation  11. Industry or Business  12. Name	9. Birthplace Incani angona	.  ' /	DURATION
11. Industry or Business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  (City, town or county)  (City or town)  (County)  (County)  (County)  (County)  (State)  (Duke received local Registrary  (City or Town)  (County)  (County)  (State)  (Duke received local Registrary  (City or Town)  (County)  (County)  (State)  (Address  (Recistrary Signature)  (City or Town)  (County)  (State)  (Address  (Recistrary Signature)  (County)  (State)  (Address  (County)  (County)  (State)  (County)  (State)  (County)  (State)  (County)  (State)  (County)  (State)			///
12. Name    12. Name   Make		reme june	Tdag:
Due to Cher conditions (Include pregnancy within 3 months of death)  14. Maiden Name Live All Control (Site or Country)  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own structure (City town or country)  17. (a) Burial, Cremation or Removal Burial (b) Place Live (c) Date & 20 19 12  18. (a) Embalmer's Signature Muller (c) Date & 20 19 12  (b) Funeral Director Live Muller (c) Where did injury occur? (City or Town) (Country)  (d) Did injury occur? (City or Town) (Country) (State)  (d) Did injury occur? (Specify type of place)  While at work? (Specify type of place)  While at work? (Specify type of place)  While at work? (Specify type of place)	*[	Q Messiles / TEANAUL	
Other conditions  (Include pregnancy within 3 months of death)  PHYSICIAN  (City, town or country)  (City, town or country)  (City, town or country)  (City, town or country)  (City or Town)  (Country)  (Countr	13. Birthplace man and august	Due to med well nothing	
Major findings: Of operations   Underline the cause to which death should be charge of statistically.	1 ( ) b + -		
16. (a) Informant's own dynature of the country of autopsy.  17. (a) Burial, Cremation or Removal. Burial (a) Accident, suicide or homicide (specify).  (b) Flace final (c) Date 6 - 30 19 42  (b) Funeral Director final or Removal (c) Where did injury occur? (City or Town) (County) (State)  (c) Address (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (e) Mile at work? (e) Micans of injury  (fixegistrar's Signature)	15. Birthplace Prince among	Major findings:	
17. (a) Burial, Cremation or Removal Burial  (b) Place Removal (c) Date 2 20 19 12  18. (a) Embalmer's Signature The Market (c) Address  (b) Funeral Director (City or Town) (County) (State)  (c) Address (Date Registrar)  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Expectively Signature)  (Hegistrar's Signature)  (Hegistrar's Signature)  (Date received local Registrar)  (Hegistrar's Signature)  (Date received local Registrar)	(City, town or county) (State or Country)	Of Operations	
(b) Address Statistically.  17. (a) Burial, Cremation or Removal Burial (b) Place final (c) Date 6 20 19 12  18. (a) Embalmer's Signature They Mules for (c) Where did injury occur? (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Date received local Registrar)  (Date received local Registrar)  (Excistrar's Signature)  (Date statistically.  22. If death was due to external causes, fill in the following: (a) Accident, suicide or homicide (specify). (b) Date of occurrence. (c) Where did injury occur? (City or Town) (County) (State)  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  While at work?  (Excistrar's Signature)	16. (a) Informant's own signature of the Marine	Of autopsy	death should
(a) Accident, suicide or homicide (specify)  (b) Place for all (c) Date 8 - 20 19 12  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Expirar's Signature)  (Expirar's Signature)  (a) Accident, suicide or homicide (specify)  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Specify type of place)  While at work?  (e) Means of injury  Address  Address  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  While at work?  (e) Means of injury  Date signed	(b) Address Att lake Biryona		
(b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (E) Date of occurrence.  (C) Where did injury occur?  (Date of occurrence.  (C) Where did injury occur?  (Date of occurrence.  (E) Date of occurrence.  (C) Where did injury occur?  (Date of occurrence.  (E) Date of occurrence.  (C) Where did injury occur?  (Date of occurrence.  (E) Date of occurrence.  (C) Where did injury occur?  (Date of occurrence.  (E) Date of occurrence.  (Date of occurrence.  (E) Where did injury occur?  (Date of occurrence.  (E) Where did injury occur?  (E) Date of occurrence.  (E) Where did injury occur?  (E) Wh	17. (a) Burial, Cremation or Removal. Buttat	22. If death was due to external causes, fill in the following:	
(c) Address  (b) Funeral Director (City or Town) (County) (State)  (c) Address  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Specify type of place)  (While at work? (e) Means of injury (State)	(b) Place Paral (c) Date 6-20 19 1/2		***********************
(c) Address (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Expected and the second of t	18. (a) Embalmer's Signature Jny Mules Jr.		***************************************
(c) Address  public place?  (Specify type of place)  While at work?  (Registrar's Signature)  Address  Address	(b) Funeral Director Miles Massery	(City or Town) (County)	
(Specify type of place)  (Date received local Registrar)  (b)  (Registrar's Signature)  (Registrar's Signature)  Address	(c) Address Musine Wyma	1	ce, in
(b) Deud Vaus le 23. Signature felson Draylon Deta signat Address	19. (a) 20 - 42	(Specify type of place)	
(Registrar's Signature)	(b) send transles		ylan
	(Registrar's Signature)	Address Date signed	1 200